

## Clinical and other Notes.

### A CASE OF SEVERE EPISTAXIS AND RECOVERY FOLLOWING THE USE OF DABOIA VENOM AS A HÆMOSTATIC.

BY MAJOR J. W. HYATT,  
*Royal Army Medical Corps,*  
AND CAPTAIN F. E. BUCKLAND,  
*Royal Army Medical Corps.*

A RECENT experience of the results obtained by the use of Daboia venom for the control of hæmorrhage has been sufficiently striking to justify the publication of a note on the subject with the object of drawing further attention to the value of the method.

Driver L., Royal Artillery, was first seen at an out-station on August 15, 1936, with a history of continued epistaxis for six days following a blow with a cricket ball between the eyes.

He had been treated with morphia, plugging the anterior nares with adrenalin gauze, salines, hæmostatic serum, etc.; severe hæmorrhage had recurred several times. His red cell count fell to  $2\frac{1}{2}$  million.

When seen his condition was grave; he was blanched, pulse rate was 94 per minute, and no bleeding point could be seen. It was decided to move him to hospital 18 miles away. After an alarming journey during which he vomited, the epistaxis recommenced. At 8.30 p.m. the posterior nares were plugged on the left side on which side blood could be seen tracking down the nasopharynx.

Daboia venom solution was available in the Station and a solution was applied to the anterior plug about midnight. Morphia was repeated. During the night he vomited a large quantity of fluid containing blood. A clot formed in the anterior nares but evidently hæmorrhage was continuing through the nasopharynx. Next morning both the anterior and posterior nares were plugged with gauze well soaked in the venom solution. Immediately all bleeding ceased, the posterior plug having evidently enabled the solution to come in contact with the bleeding point.

His condition caused grave anxiety on this day, his pulse reaching 130 per minute with respirations down to 9 per minute; however, in 48 hours he was obviously out of danger and convalescence was rapid.

The venom preparation used was a 1:10,000 solution of daboia (*V. russellii*) venom sterilized by filtration and preserved with 50 per cent glycerine. The solution had been prepared by the Central Research Institute, Kasauli, and was put up in 2 c.c. ampoules. Each ampoule contained 0.2 mgm. of venom and as the lethal dose of daboia venom for man is estimated at 40 to 50 mgm. no toxic effect from the quantity used was to be feared. The particular preparation had been tested experimentally and been found to retain its coagulant activity for at least one year!

The present case was the first one of persistent hæmorrhage in which a practical trial of solutions preserved in this way had been made, and the result was eminently satisfactory.

We are indebted to Colonel J. Taylor, D.S.O., V.H.S., I.M.S., Director of the Central Research Institute, Kasauli, for the provision of the venom, and to Lieutenant-Colonel M. White, M.C., R.A.M.C., Officer Commanding the British Military Hospital, Kasauli, for permission to send the notes of this case for publication.

## REFERENCES.

- [1] TAYLOR, J., MALLICK, S. M. K., and AHUJA, M. L. *Ind. Journ. of Med. Research*, July, 1935.  
 [2] TAYLOR, J., MALLICK, S. M. K., and GANGULY, S. N. *Ibid.*, October, 1936.

## SOBITA—BISMUTH ET SODII TARTRAS AND ITS USES.

BY LIEUTENANT-COLONEL H. HILDRETH, D.S.O., O.B.E.

*Retired Pay.*

IF asked which was the most useful, if not the most used, drug on the Gold Coast after quinine, I should say "sobita."

The native looks upon the injection of sobita as the panacea for all his ills, and perhaps rightly so. Yaws, for which it is primarily given, is the root of many of his ailments. The insidious and obscure symptoms due to yaws yield to sobita.

The results obtained by its use in cases of ainhum and goundou are such as to suggest the probability of these two diseases being manifestations of yaws. I am indebted to Dr. W. H. Watson, M.C., M.O., Bibiani (1927), Limited, for the information.

My experience of the treatment of these diseases is limited to three of ainhum and two of goundou, but the results of the treatment have been striking.

In cases of ainhum, after the second injection of sobita the patient tells you that the burning sensation in the toe has ceased. After four injections he no longer visits you, the toe having taken on a more or less normal appearance.

In cases of goundou the results are not so immediately apparent. After the average course of about twelve injections the nose takes on a flattened appearance.

Though the symptoms of yaws are undoubtedly obscure and vague, its early manifestations, seen only occasionally in adults but generally in infants, are very definite. Such being the case, it puzzled me exceedingly why parents did not bring their infants for treatment until they were covered with sores. An intelligent farmer explained that when a child was attacked by yaws and did not succumb, it would grow up a strong adult. This may or may not be the case, but it always struck me that there was some reason for the delay in seeking treatment.